SHERIDAN MEMORIAL HOSPITAL **AUXILIARY'S**

Christmas Trees of Love

Sunday, Dec. 6 | 4:30 p.m.

SMH Fireplace Lobby

Join us for refreshments, music and a tree-lighting ceremony honoring and memorializing our loved ones.



On Sunday, December 6th, the stately spruce trees on the Sheridan Memorial Hospital lawn will be lit to celebrate the Annual "Christmas Trees of Love" project. The lights serve as a symbolic tribute to those who are honored or memorialized through the purchase of these festive lights. A card will be sent to the honoree or family of the memorialized and their name(s) will be inscribed in the "Book of Love," which will be on display at 1401 West 5th St. and online at sheridanhospital.org. All proceeds will fund a special project for Sheridan Memorial Hospital.

For a donation of $5 or more, you can reserve:

- a white light to memorialize a deceased loved-one
- a green light to honor a relative or friend
- a red light to honor a special child or pet

Please fill out the form below or purchase online at sheridanhospital.org/treesoflove

Enclose your tax deductible donation check payable to: **Trees of Love.**
Please send this information by **Wednesday, December 2nd** for the lighting ceremony.
Anything received after the Trees of Love Ceremony will be acknowledged after January 1, 2027.
Donations may be sent to: **Trees of Love, PO Box 108, Sheridan, WY 82801** or brought to the hospital front desk.

Please print or type light tributes below

☐ White light(s) in memory of deceased

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

☐ Red or ☐ Green light(s) in honor of living

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Memorial/Honor Acknowledgement Card

☐ No Card is Necessary

☐ Send a card telling of _____'s honor or memorial light to:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

☐ Send a card telling of _____'s honor or memorial light to:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

ADDITIONAL ACKNOWLEDGEMENTS MAY BE LISTED ON PLAIN PAPER.

This Donation is given by:

Name: _____

Phone: _____

Donation Total: $_____

A MINIMUM OF $5 PER LIGHT IS REQUESTED.